

Gloucester County College

Athlete Emergency Contact/ Health Insurance Information Form

This form must be completely filled out and returned to the athletic training room before the commencement of the athletic season. This will ensure all insurance information is on file should an injury occur. Please provide all requested information. If you are insured through Gloucester County College, please put Bollinger Insurance under the Company Name and the rest will be filled in for you. *If you do not have your own personal insurance you are covered by Bollinger Insurance through the school.

Name(Last) _____ (MI) _____ (First) _____ Sport _____ DOB ____/____/____

SSN _____ E-mail Address _____

Home Address _____

Home Phone Number _____ Cell Phone Number _____

Emergency Contacts

Father (or Guardian)

Mother (or Guardian)

Name _____

Name _____

Address _____

Address _____

Phone _____ (Home)

Phone _____ (Home)

_____ (Cell)

_____ (Cell)

_____ (Work)

_____ (Work)

Employer _____

Employer _____

(Name and Address)

(Name and Address)

Do you wish to have someone else contacted in case of an emergency? _____ ph# _____

Health Insurance Name _____ Name of Policy Holder _____

Address (where claims are to be sent) _____

Phone # (for member services) _____ Policy # _____ Group # _____

I hereby verify this information to be true & accurate, & authorize Gloucester County College & Bollinger Insurance, of Short Hills, NJ to inspect or secure copies of all pertinent medical information regarding current or previous injuries. A photostatic copy of this authorization shall be deemed as effective and valid as the original. We authorize Gloucester County College or its insurance agent to pay the medical vendors direct for any bills incurred from accidents that are covered under the coverage purchased by the college.

Parent's Signature(if athlete is under 18) _____ Date: _____

Student's Signature: _____ Date: _____